# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete	e this form.	1 Filer ID (Ethics Commi 00088079		2 Total pages	filed: 41
3 CANDIDATE /	MS / MRS / MR F	IRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable C	Caroline			Date Received  ELECTRONIC	CALLY FILED
	NICKNAME L	.AST	•••••	SUFFIX	07/15/2025	
	F	airly				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / S	SUITE #; CITY	<b>Y</b> ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
MAILING	1000 S. Tyler St.				Receipt #	Amount
ADDRESS	Apt. 10				Receipt #	Amount
Change of Address	Amarillo, TX 79101				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS/MRS/MR F	IRST		MI	-	
TREASURER NAME	Mr. T	om				
	NICKNAME L	 AST		SUFFIX		
		coller		SUFFIX		
		tolici				
6 CAMPAIGN	STREET ADDRESS (NO PO BO	OX PLEASE);	AP.	T / SUITE #; CIT	Y; Sī	TATE; ZIP CODE
TREASURER ADDRESS	109 Chucker St.					
(Residence or Business)	Amarillo, TX 79124					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER PHONE	(806) 671-8174					
8 REPORT TYPE	January 15	30th day before	election $\square$	Runoff	15th day after o	campaign treasurer
		our day before		ranon	appointment (of	fficeholder only)
	X July 15	8th day before e	lection	Exceeded modified reporting limit	Final Report (A	ttach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	/ Year	
COVERED	01/01/2025	TH	ROUGH	06/30/20	)25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	imary	Runoff	Other	
		Ge	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	HT (if known)	
	State Representative District	t 87				
	1			ı		
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 41

13 C / OH NAME	Fairly, Caroline (The	Honorable)		14 Filer ID 00088079	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditu s may have been made without equired to report this information	the candidate's or offic	ceholder's kn	owledge or
Additional Pages						
	GENERAL					
		COMMITTEE ADD	RESS			
	SPECIFIC					
		COMMITTEE CAM	IPAIGN TREASURER NAME			
		COMMITTEE CAM	IPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THA CONTRIBUTIONS MADE ELE		s, \$	0.00
	2. <b>TOTAL POLITIC</b> (OTHER THAN F	\$	8,000.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	KPENDITURES		\$	1,789.13
	4. TOTAL POLITIC	CAL EXPENDITURE	S		\$	30,663.73
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		IS MAINTAINED AS OF THE L	AST DAY OF THE	\$	83,696.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT	•				•	
			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
			The Hon	orable Caroline Faiı	rlv	
				Candidate or Officeho		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
			my hand and seal of office.	·		_ ′
Signature of offi	cer administering	Printed name	of officer administering	Title of office	er administer	ing oath

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

				3 of 41
<b>18</b> FILER NAM Fairly, Car	ne (The Honorable)	<b>19</b> Filer ID 00088079	(Ethics Com	mission Filers)
20 SCHEDULI NAME OF	SUBTO	TAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	30,663.73
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDU	E <b>A1</b>			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/41			
2	FILER NAME Fairly, Caroli	ne (The Honorable)		3	Filer ID (Ethics Commission 00088079	on Filers)		
4	Date 06/23/2025	<ul> <li>Full name of contributor</li></ul>	7	Amount of Contribution (\$)	\$500.00			
0	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions					
0	Pilicipai occu	pation / Job title (See instructions)	e Employer (See Instructions	')				
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: Moak Casey PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00		
	Dringing agg	Austin, TX 78701	Employer (See Instructions	_				
	Pilicipai occu	pation / Job title (See Instructions)	Employer (See Instructions	')				
	Date Full name of contributor out-of-state PAC (ID#:_ 06/23/2025 Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$5,000.00		
		Houston, TX 77098-3007	louston, TX 77098-3007					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu Banker	pation / Job title (See Instructions)	Employer (See Instructions Amarillo National Bank	5)				
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors Of Texas PAC Contributor address; City; State; Zip Code  Austin, TX 78701-2429			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/37 Rpt: 5/41	Fairly, Caroline (The Honorable) 00088079
4	Date	5 Payee name
	03/13/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.96	440 Terry Avenue North
		Seattle, WA 98109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		OVERHEAD - Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/20/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.84	440 Terry Avenue North
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		GIFTS - Gift/Awards/Memorials Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/23/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.84	440 Terry Avenue North
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  GIFTS - Gift/Awards/Memorials Expense
		On 10 Only Wards Memorials Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mittee I	egal Services	•		/ages	/Contract Labor		OTHER (enter a	a category not listed above)	
				The Instruction G	uide explains l	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 F	FILER NAME						3	Filer ID	(Ethics Commission Fil	lers)
	Sch: 2/37 Rpt: 6/41	F	=airly, Caroli	ne (The Hono	rable)					00088079		
4	Date	5 F	Payee name									
	06/26/2025	/	Amazon									
6	Amount (\$)	7 F	Payee addres	s; City;	State;	Zip Co	de					
	\$184.01	4	440 Terry Av	enue North								
			Seattle, WA	98109								
8	PURPOSE	(a) (	Category (Ser	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Office Suppl			ŕ		_			nplete Schedule T.	
	EXPENDITORE							_		officeholder livin	g expense	
								OTHER - Offi	ce	Supplies		
9	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	Date	F	Payee name									
	06/27/2025	/	Amazon									
	Amount (\$)	F	Payee addres	s; City;	State;	Zip Co	de					
	\$100.62	4	440 Terry Av	enue North								
			Seattle, WA	98109								
	PURPOSE	(a) (	——————————————————————————————————————	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Office Suppl		·	ĺ		Check if travel of	outsi	de of Texas. Cor	nplete Schedule T.	
	LXFLINDITORL							<b>—</b>		officeholder livin	g expense	
								OTHER - Offi	ce	Supplies		
		<u> </u>										
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	Date	ı	Payee name									
	06/26/2025		American Aiı	rlines								
	Amount (\$)	F	Payee addres	s; City;	State;	Zip Co	de					
	\$409.18		1 Skyview D	rive								
		F	Fort Worth,	ΓX 76155								
	PURPOSE	(a) (	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	7	Travel Out o	f District				ш			nplete Schedule T.	
								ш		officeholder livin		
								TRAVELOUT	- 1	-light for Fu	ndraiser in Austin	
_	Complete ONLY if direct		andidata/Offic	oholdor nama		Office com	abt			Office h	old	
	Complete ONLY if direct expenditure to benefit C/O		anuluate/Offic	eholder name	C	Office sou	yııı			Office n	eiu	
	· -											

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/37 Rpt: 7/41	Fairly, Caroline (The Honorable) 00088079
4	Date	5 Payee name
	01/30/2025	Brown, Connie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,400.00	5040 South Coulter Drive
		#1901
		Bryan, TX 77803
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  CONSULT - Campaign Manager
		CONSOLT - Campaign Manager
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/03/2025	Brown, Connie
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,400.00	5040 South Coulter Drive
		#1901
		Bryan, TX 77803
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  CONSULT - Campaign Manager
		CONSOLT Campaign Manager
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/01/2025	Brown, Connie
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,300.00	5040 South Coulter Drive
		#1901
		Bryan, TX 77803
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  CONSULT - Campaign Manager
		CONSOLT - Campaign Manager
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/37 Rpt: 8/41	Fairly, Caroline (The Honorable) 00088079
4	Date	5 Payee name
	05/01/2025	Brown, Connie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,300.00	5040 South Coulter Drive
		#1901
		Bryan, TX 77803
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  CONSULT - Campaign Manager
		Consoli Campaign Manager
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/01/2025	Brown, Connie
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,300.00	5040 South Coulter Drive
		#1901
		Bryan, TX 77803
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  CONSULT - Campaign Manager
		CONSOLT - Campaign Manager
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/28/2025	Carson County Square House
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	503 Elsie
		Panhandle, TX 79068
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Civic Donation Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense OTHER - Civic Donation
		OTHER - CIVIC DOHALION
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Guide explains how to com	plet	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 5/37 Rpt: 9/41		Fairly, Caroline (The Honorable)		00088079
4	Date	5	Payee name		
	02/01/2025		Collins, Emily		
6	Amount (\$)	7	Payee address; City; State; Zip Code	е	
	\$1,000.00		4711 Spicewood Springs Road		
			Unit 154		
		L	Austin, TX 78759		
8	PURPOSE OF	(a)	,	b)	Description
	EXPENDITURE		Salaries/Wages/Contract Labor	l I	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
					SALARIES - Salary
9	Complete ONLY if direct		Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	Н			
	Date		Payee name		
	03/01/2025		Collins, Emily		
	Amount (\$)		Payee address; City; State; Zip Code	е	
	\$1,000.00		4711 Spicewood Springs Road		
			Unit 154		
			Austin, TX 78759		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	b) .	Description
	EXPENDITURE		Salaries/Wages/Contract Labor	ļ	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
					SALARIES - Salary
	Complete ONLY if direct		Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	H			
	Date		Payee name		
	04/01/2025		Collins, Emily		
	Amount (\$)		Payee address; City; State; Zip Code	е	
	\$1,000.00		4711 Spicewood Springs Road		
			Unit 154		
			Austin, TX 78759		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE		Salaries/Wages/Contract Labor	ļ	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				ı	SALARIES - Salary
	Complete ONLY if direct		Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	Н			

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/37 Rpt: 10/41	Fairly, Caroline (The Honorable) 00088079
4	Date	5 Payee name
	05/01/2025	Collins, Emily
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	4711 Spicewood Springs Road
		Unit 154
		Austin, TX 78759
Ļ	DUDDOGE	I
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Chapter in the control of Taylor Campleto Schedule Top of Taylor Campleto S
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		SALARIES - Salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	06/01/2025	Collins, Emily
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	4711 Spicewood Springs Road
		Unit 154
		Austin, TX 78759
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		SALARIES - Salary
		on the titules soundly
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Dete	
	Date	Payee name
	02/01/2025	Davis, Michael
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	510 West 26th Street
		Apt. 315
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		SALARIES - Salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Con		Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 7/37 Rpt: 11/41		Fairly, Caro	line (The Honor	able)					00088079	
4	Date	5	Payee name								
	03/01/2025		Davis, Mich	ael							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$100.00		510 West 2	6th Street							
			Apt. 315								
			Austin, TX 7	'8705							
8	PURPOSE	(a)	Category (s/	ee Categories listed at th	no ton of this sch	adula)	(b)	Description			
	OF EXPENDITURE			ges/Contract La		edule)	l` ´	_ ·	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE							ш		officeholder living	expense
								SALARIES - S	Sal	ary	
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Offi	ceholder name	C	Office sou	ught			Office he	eld
	Date		Payee name								
	04/01/2025		Davis, Mich	ael							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$100.00		510 West 2	6th Street							
			Apt. 315								
			Austin, TX 7	'8705							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne ton of this sch	adula)	(b)	Description			
	OF			iges/Contract La		cudic)	<u> </u>	_ `	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE							ш		officeholder living	expense
								SALARIES - :	Sal	ary	
_		<u> </u>					<u> </u>				
	Complete ONLY if direct expenditure to benefit C/O		andidate/Offi	ceholder name		Office sou	ught			Office he	eld
	Date		Payee name								
	05/01/2025		Davis, Mich	ael							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$100.00		510 West 2	6th Street							
			Apt. 315								
			Austin, TX 7	78705							
	PURPOSE	(a)	Category (94	ee Categories listed at th	ne top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			ges/Contract La		· · · · · · · ·		Check if travel of		de of Texas. Com	
	LAFLINDITORE									officeholder living	expense
								SALARIES - S	sal	ary	
_	Operation ONE V. C. F.	<u>_</u>	)			vec:				0‴ :	.1.1
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offi	ceholder name	C	Office sou	ugnt			Office he	eia

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
•	Sch: 8/37 Rpt: 12/41	Fairly, Caroline (The Honorable)	
4	Date	5 Payee name	
	06/01/2025	Davis, Michael	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	510 West 26th Street	
		Apt. 315	
		Austin, TX 78705	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		SALARIES - Salary	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/17/2025	Dish Society	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$187.00	1900 Aldrich Street	
		Suite #130	
		Austin, TX 78723	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		FOOD - Food/Beverage	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
_		T T	_
	Date	Payee name	
	04/25/2025	Dish Society	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.78	1900 Aldrich Street	
		Suite #130	
		Austin, TX 78723	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Food/Beverage Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		FOOD - Food/Beverage	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTLED (cottre a extracounce)

	Contributions/ Donations Made By Candidate/Officeholder/Politica			/Awards/Memorials E al Services	Expense	Printing Ex Salaries/W		e /Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed a	bove)
	Credit Card Payment		Th	e Instruction Gu	ide explains l	now to cor	mple	te this form.				
1	Total pages Schedule F1:	2 FIL	ER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 9/37 Rpt: 13/41	Fai	irly, Caroline	e (The Honora	able)					00088079		
4	Date	<b>5</b> Pay	yee name						_			
	04/25/2025	Dis	sh Society									
6	Amount (\$)	<b>7</b> Pay	yee address;	City;	State;	Zip Co	de					
	\$135.85	190	00 Aldrich S	treet								
		Sui	ite #130									
		Au	stin, TX 787	23								
8	PURPOSE	(a) Cat	teaory (see C	ategories listed at th	e ton of this sche	adula)	(b)	Description				
	OF EXPENDITURE		od/Beverag		e top of this scrie	edule)	` '		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		· ·	•				<b>—</b>		officeholder living	g expense	
								FOOD - Food	d/Be	everage		
_												
9	Complete ONLY if direct expenditure to benefit C/OI		didate/Officeh	iolder name	O	Office sou	ght			Office he	eld	
	Date		yee name									
	04/28/2025	Fai	ith Unlimited	I Equine LLC								
	Amount (\$)	_	yee address;	City;	State;	Zip Co	de					
	\$1,380.00	500	01 Bushland	l Road								
		Am	narillo, TX 7	9119								
	PURPOSE OF	<b>(a)</b> Cat	tegory (See C	ategories listed at th	e top of this sche	edule)	(b)	Description				
	EXPENDITURE	Gif	t/Awards/M	emorials Expe	ense			<b>=</b>		de of Texas. Com officeholder living	plete Schedule T.	
								GIFTS - Civio			ускренос	
	Complete ONLY if direct	Cano	didate/Officeh	older name	0	Office soug	ght			Office he	eld	
	expenditure to benefit C/OI	4										
	Date	Pav	vee name									
	01/02/2025	Go	ogle									
	Amount (\$)	Pay	yee address;	City;	State;	Zip Co	de					
	\$46.05	160	00 Amphithe	eatre Parkway	,							
		Мо	untain View	, CA 94043								
	PURPOSE	<b>(a)</b> Cat	tegory (see C	ategories listed at th	e ton of this sche	edule)	(b)	Description				
	OF EXPENDITURE			ad/Rental Exp		cudic)	` ,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							_		officeholder living		
								OVERHEAD	- E	mail Subscr	iption	
	Operation ONE V. C. F.			-1-1		Vtt:	ada t			0	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		didate/Officeh	loider name	0	Office sou	ght			Office he	eia	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 10/37 Rpt: 14/41	Fairly, Caroline (The Honorable) 00088079			
4	Date	5 Payee name			
	02/03/2025	Google			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$46.05	1600 Amphitheatre Parkway			
		Mountain View, CA 94043			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  OVERHEAD - Email Subscription			
		OVERTIEAD - Email Subscription			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
	Date	Payee name			
	03/03/2025	Google			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$46.05 1600 Amphitheatre Parkway				
		Mountain View, CA 94043			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		OVERHEAD - Email Subscription			
		OVERTIEND Email oubscription			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	<b>o</b>			
_					
	Date	Payee name			
	04/02/2025	Google			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$46.05	1600 Amphitheatre Parkway			
		Mountain View, CA 94043			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
		Check if Austin, TX, officeholder living expense			
		OVERHEAD - Email Subscription			
	0 1 0 0 1 1 1 1				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Exp
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Palaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 11/37 Rpt: 15/41	Fairly, Caroline (The Honorable) 00088079				
4	Date	5 Payee name				
	05/02/2025	Google				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$46.05	1600 Amphitheatre Parkway				
		Mountain View, CA 94043				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		OVERHEAD - Email Subscription				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	Date	Payee name				
	06/02/2025	Google				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$46.05					
		Mountain View, CA 94043				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
	EXI ENDITORE	Check if Austin, TX, officeholder living expense				
		OVERHEAD - Email Subscription				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	Date	Payee name				
	02/11/2025	H-E-B				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$70.46	14540 Memorial Drive				
	******					
		Houston, TX 77079				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		OVERHEAD - Office Supplies				
	0 1 0 0 0 0 0					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this	form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 12/37 Rpt: 16/41	Fairly, Caroline (The Honorable)	00088079
4	Date	5 Payee name	
	03/07/2025	H-E-B	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.90	14540 Memorial Drive	
L		Houston, TX 77079	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	Onice Overnedan tental Expense	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
			RHEAD - Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	<b>-</b>	
	Date	Payee name	
	04/10/2025	H-E-B	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$79.74	14540 Memorial Drive	
		Houston, TX 77079	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descr	ription eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Onice Overneau/Nental Expense   I	eck if dustin, TX, officeholder living expense
		OVE	RHEAD - Office Supplies
L			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experience to borionic Grou		
	Date	Payee name	
L	04/25/2025	H-E-B	
	Amount (\$) \$120.10	Payee address; City; State; Zip Code 14540 Memorial Drive	
	\$120.10	14540 Memorial Drive	
		Houston, TX 77079	
L	PURPOSE		dani.
	OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense	eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Chi	eck if Austin, TX, officeholder living expense
		OVE	RHEAD - Office Supplies
dash	Complete ONLY if direct	Candidate/Officeholder name	Office held
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office field
ı			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/37 Rpt: 17/41	Fairly, Caroline (The Honorable) 00088079
4	Date	5 Payee name
	05/20/2025	H-E-B
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.14	14540 Memorial Drive
		Houston, TX 77079
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  OVERHEAD - Office Supplies
		OVERTIEAD - Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
⊨	Date	Payee name
	01/16/2025	Hooper, Reagan Elizabeth
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	6500 Champion Grandview Way
		#27107
		Austin, TX 78750
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Strategic Consulting  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  OTHER - Strategic Consulting
		OTTIER Strategie Schodiung
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	01/08/2025	Hyatt
	Amount (\$)	Payee address; City; State; Zip Code
	\$237.73	211 East 3rd Street
	φ231.13	ZII East Siu Stieet
		Augtin TV 70701
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		TRAVELOUT - Staff Travel to Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Cor Credit Card Payment		I Committee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Polling ense Printir	Expens g Expens			Travel in Distric	
	Credit Card Fayinent		The Instruction Guide	explains how to	compl	ete this form.			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 14/37 Rpt: 18/41	Fairly, Card	oline (The Honorable	e)				00088079	
4	Date	5 Payee name	<u>,</u>				_		
	05/08/2025	Hyatt	•						
_			City	Ctata: Zin	Codo				
6	Amount (\$) \$561.94	7 Payee addre		State; Zip	Code				
	\$501.94	211 East 3	ra Street						
		Austin, TX	78701						
8	PURPOSE	(a) Category (s	See Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out							nplete Schedule T.
	ZA ZADITORZ					_		, officeholder livin	
						TRAVELOUT	- ;	Stall Travel	to Austin
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office s	ought			Office h	eld
	experiantare to benefit ere	<u> </u>							
	Date	Payee name	9						
	05/12/2025	Hyatt							
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$50.22	211 East 3	rd Street						
		Austin, TX	78701						
	DUDDOCE				I/b)	<u> </u>			
	PURPOSE OF		See Categories listed at the to	p of this schedule)	(0)	Description  Check if travel	nuts	ide of Texas, Con	nplete Schedule T.
	EXPENDITURE	Travel Out	OI DISTRICT					, officeholder livin	
						TRAVELOUT	Γ - :	Staff Travel	to Austin
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office s	ought			Office h	eld
	expenditure to benefit C/O	1			_				
_	Date	Dougo nome							
	01/03/2025	Payee name	solutions: Political						
	Amount (\$)	Payee addre		State; Zip	Code				
	\$500.00	4142 Adan							
		Suite 103-	550						
		San Diego	, CA 92116						
	PURPOSE	(a) Category (s	See Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Ove	rhead/Rental Expen	ise					nplete Schedule T.
	LAFENDITORE					_		, officeholder livin	g expense
						OVERHEAD	- S	oπware	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office s	ought			Office h	eld
L	experiulture to beliefit C/Of	1							
Eor	rms provided by Tayas E	thios Commiss	ion unan	othice state t	V 110				Version V// 1 0 f10d0fd

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/37 Rpt: 19/41	Fairly, Caroline (The Honorable) 00088079
4	Date	5 Payee name
	02/04/2025	Integrated Solutions: Political
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	4142 Adams Avenue
		Suite 103-550
		San Diego, CA 92116
8	PURPOSE	T <sub>1</sub> .
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		OVERHEAD - Software
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	03/04/2025	Integrated Solutions: Political
_	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4142 Adams Avenue
	Φ500.00	
		Suite 103-550
		San Diego, CA 92116
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		OVERHEAD - Software
_	0 1: 0 1: 1	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
H	Date	Davisa nama
	01/21/2025	Payee name Mail Chimp
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.84	405 North Angier Avenue Northeast
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		OVERHEAD - Email Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	1 

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guide exp	olains how to co	mple	te this form.			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 16/37 Rpt: 20/41	Fairly, Card	oline (The Honorable)					00088079	
4	Date	5 Payee name	<u> </u>				<u> </u>		
	02/19/2025	Mail Chimp							
_				Ot-t 7'- O-	-1 -				
6	Amount (\$)	7 Payee addre		State; Zip Co	ae				
	\$41.84	405 North /	Angier Avenue Northea	ast					
		Atlanta, GA	A 30308						
8	PURPOSE	(a) Category (s	See Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE		rhead/Rental Expense	,		Check if travel	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE					<b>—</b>		officeholder living	
						OVERHEAD	- E	mail Service	9
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ght			Office h	eld
	experioliture to beriefit C/Oi	1							
	Date	Payee name	)						
	03/19/2025	Mail Chimp	)						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	de				
	\$41.84	1 1	Angier Avenue Northea						
	¥ .=.0 .		angler / tremale rectared						
		Atlanta C/	v 20200						
		Atlanta, GA	4 30308						
	PURPOSE OF	(a) Category (s	See Categories listed at the top of	this schedule)	(b)	Description			
	EXPENDITURE	Office Ove	rhead/Rental Expense			<b>-</b>		de of Texas. Com officeholder living	plete Schedule T.
						OVERHEAD			
						012.1.12,13	_	inan corvio	•
_	Complete ONLY if direct	Candidate/Off	ficeholder name	Office sou	aht			Office h	ald
	expenditure to benefit C/OI		ilceriolder flame	Office Sou	yııı			Office fi	aiu
		ı							
	Date	Payee name							
	04/21/2025	Mail Chimp	)						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	de				
	\$41.84	405 North	Angier Avenue Northea	ast					
		Atlanta, GA	A 30308						
	PURPOSE				(h)	Description			
	OF		See Categories listed at the top of rhead/Rental Expense	this schedule)	(D)	Description  Check if travel	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Office Over	meau/Nemai Expense					officeholder living	
						OVERHEAD	- E	mail Service	9
	Complete ONLY if direct	Candidate/Off	ficeholder name	Office sou	ght			Office h	eld
	expenditure to benefit C/OI								
H									
L	rms provided by Texas E			nice etate ty u					Version V/I 1 0 f10d0fd9

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/37 Rpt: 21/41	Fairly, Caroline (The Honorable) 00088079
4	Date	5 Payee name
	05/19/2025	Mail Chimp
6	Amount (\$) \$41.84	7 Payee address; City; State; Zip Code 405 North Angier Avenue Northeast Atlanta, GA 30308
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  OVERHEAD - Email Service
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/26/2025	Mail Chimp
	Amount (\$) \$41.84	Payee address; City; State; Zip Code 405 North Angier Avenue Northeast  Atlanta, GA 30308
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  OVERHEAD - Email Service
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/27/2025	Southwest
	Amount (\$) \$317.48	Payee address; City; State; Zip Code 2702 Love Field Drive
		Dallas, TX 75235
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  TRAVELOUT - Airtravel to Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 18/37 Rpt: 22/41	2 FILER NAME Fairly, Caroline (The Honorable)  3 Filer ID (Ethics Commission Filers) 00088079
4	Date 01/02/2025	5 Payee name Sparebox Storage
6	Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 601 Lawrence Boulevard
8	PURPOSE OF EXPENDITURE	Amarillo, TX 79101  (a) Category (See Categories listed at the top of this schedule) Storage  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OTHER - Storage
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/03/2025 Amount (\$)	Payee name Sparebox Storage Payee address; City; State; Zip Code
	\$75.00	601 Lawrence Boulevard  Amarillo, TX 79101
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Storage  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OTHER - Storage
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/03/2025	Payee name Sparebox Storage
	Amount (\$) \$75.00	Payee address; City; State; Zip Code 601 Lawrence Boulevard
	PURPOSE OF EXPENDITURE	Amarillo, TX 79101  (a) Category (See Categories listed at the top of this schedule) Storage  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OTHER - Storage
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.		
1 T	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
9	Sch: 19/37 Rpt: 23/41	Fairly, Caroline (The Honorable)			00088079	
4 [	Date	5 Payee name		'		
C	04/02/2025	Sparebox Storage				
6 A	Amount (\$)	7 Payee address; City; State; Zip Co	de			
	\$75.00	601 Lawrence Boulevard				
		Amarillo, TX 79101				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Storage		Check if travel outside	de of Texas. Com	plete Schedule T.
	EXPENDITORE			Check if Austin, TX,		gexpense
				OTHER - Storag	е	
0 (	Complete ONL V if direct	Condidata/Officabalder name Office acu	abt		Office be	ald.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ynt		Office he	tiu
<u> </u>						
	Date	Payee name				
	05/02/2025	Sparebox Storage				
P	Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$75.00	601 Lawrence Boulevard				
		Amarillo, TX 79101				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	EXPENDITURE	Storage		Check if travel outsion Check if Austin, TX,		
				OTHER - Storag		CAPCING
				3		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office he	eld
	expenditure to benefit C/O	1				
	Date	Payee name				
C	06/02/2025	Sparebox Storage				
	Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$75.00	601 Lawrence Boulevard				
		Amarillo, TX 79101				
	PURPOSE		(h)	Description		
	OF	(a) Category (See Categories listed at the top of this schedule)  Storage	(5)	Check if travel outside	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Ciorago		Check if Austin, TX,	officeholder living	g expense
				OTHER - Storag	е	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght		Office he	eld
-	Apenditure to beliefft C/O	1				

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
	Sch: 20/37 Rpt: 24/41	Fairly, Caroline (The Honorable)	00088079
4	Date	5 Payee name	
	04/01/2025	Texas Conservative Coalition	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	P.O. Box 2659	
		Austin, TX 78768	
8	PURPOSE	<u> </u>	
o	OF	1	ide of Texas. Complete Schedule T.
	EXPENDITURE	Contributions Made by	, officeholder living expense
		DONATIONS - I	Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	01/31/2025	Texas House Republican Caucus PAC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	1100 N. Congress, E2.408	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		ide of Texas. Complete Schedule T.
	EXPENDITORE	Carialace/Cincolician/Cincolic	, officeholder living expense
		DONATIONS - 0	Contribution
	Operation ONLY & Street	Overlideta 10ff achalden nave	Office leads
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
		1	
	Date	Payee name	
	05/16/2025	The KAL Group, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$750.00	9460 Tegner Road	
		Hilmar, CA 95324	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Accounting/Banking   L	ide of Texas. Complete Schedule T. , officeholder living expense
		· –	okkeeping and Postage
			-1. 0 2
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Waacs/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/37 Rpt: 25/41	Fairly, Caroline (The Honorable) 00088079
4	Date	5 Payee name
	05/27/2025	The KAL Group, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,023.90	9460 Tegner Road
		Hilmar, CA 95324
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  ACCOUNT - Bookkeeping and Postage
		7.00001v1 Bookkeeping and 1 ostage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	<del>1</del>
	Date	Payee name
	02/06/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.61	1725 3rd Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  TRAVELIN - Car Service
		TRAVELIN - Cai Service
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	02/07/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.48	1725 3rd Street
	Ψ+0.+0	1723 Sid Silect
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		TRAVELIN - Car Service
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	•

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6	nse Printing Salarie	-	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commission Filers)
Ĺ	Sch: 22/37 Rpt: 26/41		oline (The Honorable	)				00088079	(
4	Date	5 Payee nam	e						
	02/11/2025	Uber							
6	Amount (\$)	<b>7</b> Payee addr	ess; City;	State; Zip (	Code				
	\$18.16	1725 3rd 9							
			isco, CA 94158						
8	PURPOSE OF		See Categories listed at the top		(b)	Description			
	EXPENDITURE	Salaries/W	/ages/Contract Labor					de of Texas. Comp officeholder living	
						SALARIES -			enperiod
9	Complete ONLY if direct		fficeholder name	Office s	<u> </u>			Office he	ld
	expenditure to benefit C/OI	H			-				
	Date	Payee nam	е						
	02/12/2025	Uber							
	Amount (\$)	Payee addr	ess; City;	State; Zip (	Code				
	\$18.59	1725 3rd S	Street						
		San Franc	isco, CA 94158						
	PURPOSE	(a) Category (	See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Salaries/W	/ages/Contract Labor					de of Texas. Comp	
						SALARIES -		officeholder living	expense
						J, LL WILD	Jui	. JOI VICE	
	Complete ONLY if direct	Candidate/O	fficeholder name	Office s	<u> </u>			Office he	ld
	expenditure to benefit C/O				<b>J</b>				
	Date	Pavee nam							
	02/13/2025	Uber							
	Amount (\$)	Payee addr	ess; City;	State; Zip (	Code				
	\$15.46	1725 3rd 9		, t-					
		San Franc	isco, CA 94158						
	PURPOSE	(a) Category (	See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out	of District					de of Texas. Comp	
						Check if Austin		officeholder living	expense
						INAVELOUI	- (	Jui Jeivile	
	Complete ONLY if direct	Candidate/O	fficeholder name	Office s	<u> </u>			Office he	ld
	expenditure to benefit C/OI				J				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Cabadula F1:	·	Filer ID (Ethics Commission Filers)
	Total pages Schedule F1:		
	Sch: 23/37 Rpt: 27/41	Fairly, Caroline (The Honorable)	00088079
4	Date	5 Payee name	
	02/14/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$65.12	1725 3rd Street	
		San Francisco, CA 04150	
Ļ		San Francisco, CA 94158	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Have out of Pistifiet	side of Texas. Complete Schedule T.  (, officeholder living expense
		TRAVELOUT -	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	02/18/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.70	1725 3rd Street	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outs	side of Texas. Complete Schedule T.
	Za Enditone		K, officeholder living expense
		TRAVELIN - Ca	ar Service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	CAPETIGITATE TO DETICITE C/OF		
	Date	Payee name	
	02/19/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.94	1725 3rd Street	
	,,		
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	· · · · · · · · · · · · · · · · · · ·	side of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX	K, officeholder living expense
		TRAVELIN - Ca	ar Service
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/37 Rpt: 28/41	Fairly, Caroline (The Honorable) 00088079
4	Date	5 Payee name
	02/21/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$52.13	1725 3rd Street
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  TRAVELOUT - Car Service
		TRAVELOUT - Cai Service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	02/24/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$96.06	1725 3rd Street
		San Francisco, CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  TRAVELOUT - Car Service
		THAT DELIVED
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/26/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.80	1725 3rd Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		TRAVELOUT - Car Service
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card i ayment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 25/37 Rpt: 29/41	Fairly, Caroline (The Honorable)		00088079
4	Date	5 Payee name		
	02/27/2025	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$42.65	1725 3rd Street		
		San Francisco, CA 94158		
8	PURPOSE		(h)	Description
Ü	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	(D)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
				TRAVELOUT - Car Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	4		
	Date	Payee name		
	03/03/2025	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$48.89	1725 3rd Street	uc	
	Ψ+0.03	1723 Std Street		
		05		
		San Francisco, CA 94158		
	PURPOSE OF	, ,	(b)	Description
	EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				TRAVELOUT - Car Service
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O	•	giit	Cince field
	Date			
	Date	Payee name		
	03/03/2025	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$8.27	1725 3rd Street		
		San Francisco, CA 94158		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12			Check if Austin, TX, officeholder living expense
				TRAVELOUT - Car Service
	0 1: 0:::::::::::::::::::::::::::::::::			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
		•		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 26/37 Rpt: 30/41	FILER NAME     Fairly, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088079
4	Date 03/05/2025	5 Payee name Uber	
6	Amount (\$) \$35.73	7 Payee address; City; State; Zip Code 1725 3rd Street	
		San Francisco, CA 94158	
8	PURPOSE OF EXPENDITURE	Check if Austi	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense T - Car Service
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 03/06/2025	Payee name Uber	
	Amount (\$) \$10.55	Payee address; City; State; Zip Code 1725 3rd Street	
		San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE	Check if Austi	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense T - Car Service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 03/07/2025	Payee name Uber	
	Amount (\$) \$7.56	Payee address; City; State; Zip Code 1725 3rd Street	
		San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE	Check if Austi	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense T - Car Service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/37 Rpt: 31/41	Fairly, Caroline (The Honorable) 00088079
4	Date	5 Payee name
	03/10/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.15	1725 3rd Street
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  TRAVELOUT - Car Service
		THAT LEGGT Gail Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/11/2025	Uber
H	Amount (\$)	Payee address; City; State; Zip Code
	\$22.83	1725 3rd Street
		San Francisco, CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		TRAVELOUT - Car Service
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	03/13/2025	Uber
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$37.71	1725 3rd Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		TRAVELOUT - Car Service
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
I		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 28/37 Rpt: 32/41	2 FILER NAME Fairly, Caroline (The Honorable) 3 Filer ID (Ethics Commission Filers) 00088079	
4	Date 03/14/2025	5 Payee name Uber	
6	Amount (\$) \$17.97	7 Payee address; City; State; Zip Code 1725 3rd Street	
8	PURPOSE OF EXPENDITURE	San Francisco, CA 94158  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TRAVELOUT - Car Service	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 03/17/2025	Payee name Uber	
	Amount (\$) \$11.44	Payee address; City; State; Zip Code  1725 3rd Street  San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  TRAVELOUT - Car Service	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
	Date 03/17/2025	Payee name Uber	
	Amount (\$) \$14.58	Payee address; City; State; Zip Code 1725 3rd Street	
		San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  TRAVELOUT - Car Service	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/37 Rpt: 33/41	Fairly, Caroline (The Honorable) 00088079
4	Date	5 Payee name
	03/18/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.42	1725 3rd Street
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  TRAVELOUT - Car Service
		THAT DELIVED
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
$\vdash$	Date	Payee name
	03/19/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.09	1725 3rd Street
	Фо.09	1725 Sid Sileet
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  TRAVELOUT - Car Service
		TRAVELOUT - Gal Scivice
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Davida marea
	03/20/2025	Payee name Uber
		7.77
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.65	1725 3rd Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		TRAVELOUT - Car Service
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
1		
l		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/37 Rpt: 34/41	Fairly, Caroline (The Honorable) 00088079
4	Date	5 Payee name
	03/21/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.62	1725 3rd Street
		San Francisco, CA 94158
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		TRAVELOUT - Car Service
		1101122331 341 3511133
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/24/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.77	1725 3rd Street
	<del></del>	
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		TRAVELOUT - Car Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Davisa nama
	03/25/2025	Payee name Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.76	1725 3rd Street
		San Francisco, CA 94158
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		TRAVELOUT - Car Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	ple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 31/37 Rpt: 35/41	Fairly, Caroline (The Honorable)		00088079		
4	Date	5 Payee name		<u> </u>		
	03/26/2025	Uber				
6	Amount (\$)	7 Payee address; City; State; Zip Cod	e			
	\$38.83	1725 3rd Street				
		San Francisco, CA 94158				
8	PURPOSE		h)	Description		
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	~,	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE			Check if Austin, TX, officeholder living expense		
				TRAVELOUT - Car Service		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held		
	experiantare to benefit Grot	'				
	Date	Payee name				
	03/27/2025	Uber				
	Amount (\$)	Payee address; City; State; Zip Cod	е			
	\$94.86	1725 3rd Street				
		San Francisco, CA 94158				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description		
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.		
				Check if Austin, TX, officeholder living expense TRAVELOUT - Car Service		
				TRAVELOUT - Cai Service		
_	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held		
	expenditure to benefit C/OI	•		Office field		
_	Data	Davies marris				
	Date 03/31/2025	Payee name Uber				
	Amount (\$)	Payee address; City; State; Zip Cod 1725 3rd Street	е			
	\$24.85	1725 Sid Stieet				
		05				
		San Francisco, CA 94158				
	PURPOSE OF	, ( , , , , , , , , , , , , , , , , , ,	b)	Description		
	EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
				TRAVELOUT - Car Service		
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held		
	expenditure to benefit C/OI					

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		_
	Sch: 32/37 Rpt: 36/41	Fairly, Caroline (The Honorable) 00088079	
4	Date	5 Payee name	
	04/01/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$16.33	1725 3rd Street	
		San Francisco, CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		TRAVELOUT - Car Service	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
_	Date	Payee name	
	04/02/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.00	1725 3rd Street	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		TRAVELOUT - Car Service	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	04/03/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.19	1725 3rd Street	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		TRAVELOUT - Car Service	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  H	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/37 Rpt: 37/41	Fairly, Caroline (The Honorable) 00088079
4	Date	5 Payee name
	04/04/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.11	1725 3rd Street
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		TRAVELOUT - Car Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	04/07/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.20	1725 3rd Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		TRAVELIN - Car Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/09/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.25	1725 3rd Street
	******	
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		TRAVELIN - Car Service
	0 1 0 0 0 0 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	nplete	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers
	Sch: 34/37 Rpt: 38/41	Fairly, Caroline (The Honorable)		00088079
4	Date	5 Payee name		•
	04/10/2025	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Code	le	
	\$29.44	1725 3rd Street		
		San Francisco, CA 94158		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	( <b>b)</b> D	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
			Ļ	Check if Austin, TX, officeholder living expense  TRAVELIN - Car Service
				TRAVELIN - Cai Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ıht	Office held
	expenditure to benefit C/O		, i i c	Office field
_	Date	Davis vers		
	04/11/2025	Payee name Uber		
			lo.	
	Amount (\$) \$35.96	Payee address; City; State; Zip Code 1725 3rd Street	ıe	
	Ψ33.90	1725 Sid Sileet		
		Con Francisco CA 041E0		
		San Francisco, CA 94158		
	PURPOSE OF	, , ,	( <b>b)</b> D	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District	F	Check if Austin, TX, officeholder living expense
			T	TRAVELIN - Car Service
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	04/14/2025	Uber		
	Amount (\$)	Payee address; City; State; Zip Code	le	
	\$38.76	1725 3rd Street		
		San Francisco, CA 94158		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
			Ι	TRAVELIN - Car Service
	Complete ONLY if direct	Condidate/Officeholder nerse	ht	Office hald
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	m	Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 35/37 Rpt: 39/41	Fairly, Caroline (The Honorable) 00088079			
4	Date	5 Payee name			
	04/15/2025	Uber			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$7.12	1725 3rd Street			
		San Francisco, CA 94158			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		TRAVELIN - Car Service			
		THUR DELIVER OUT			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
$\vdash$	Data				
	Date	Payee name			
	04/16/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$12.09	1725 3rd Street			
		San Francisco, CA 94158			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  TRAVELIN - Car Service			
		THAVEEIN - Gai Service			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
_	<u> </u>				
	Date	Payee name			
	04/17/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$10.83	1725 3rd Street			
		San Francisco, CA 94158			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		TRAVELIN - Car Service			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	- p				

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	plete	this form.		
1	Total pages Schedule F1:				Filer ID	(Ethics Commission Filers)
	Sch: 36/37 Rpt: 40/41	Fairly, Caroline (The Honorable)			00088079	
4	Date 04/25/2025	5 Payee name Uber				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
Ŭ	\$5.25	1725 3rd Street				
		San Francisco, CA 94158				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	<b>b)</b> De	escription		
	OF EXPENDITURE	Travel In District	F	Check if travel outsid Check if Austin, TX, o		
			TF	RAVELIN - Car		CAPCILOC
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	nt		Office he	eld
	experialitie to benefit C/Oi	<u> </u>				
	Date	Payee name				
	05/08/2025	Uber				
	Amount (\$) \$31.44	Payee address; City; State; Zip Code 1725 3rd Street	е			
	φ31.44	1725 Stu Stieet				
		San Francisco, CA 94158				
	PURPOSE		<b>b)</b> De	escription		
	OF EXPENDITURE	Travel Out of District		Check if travel outsid		
	EXI ENDITORE			] Check if Austin, TX, o RAVELOUT - C		expense
				INAVELOUT - C	ai Scivice	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt		Office he	eld
	expenditure to benefit C/OI	1				
	Date	Payee name				
	01/08/2025	United Airlines				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$314.36	233 South Wacker Drive				
		Chicago, IL 60606				
	PURPOSE		b) D			
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	J, D.	escription  Check if travel outsid	e of Texas. Com	plete Schedule T.
	EXPENDITURE		Ē	Check if Austin, TX, o		
			TF	RAVELOUT - S	taff Travel t	to Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt		Office he	ald
	expenditure to benefit C/OI				Cilico He	J.G.
_						

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete th	nis form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 37/37 Rpt: 41/41	Fairly, Caroline (The Honorable)	00088079
4	Date	5 Payee name	•
l	05/05/2025	United Airlines	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$151.01	233 South Wacker Drive	
l			
l		Chicago, IL 60606	
8	PURPOSE	<u> </u>	scription
ľ	OF		Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
l		TRA	AVELOUT - Staff Travel to Austin
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	1	
Г	Date	Payee name	
l	05/08/2025	United Airlines	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$40.00	233 South Wacker Drive	
l			
		Chicago, IL 60606	
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
l	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE	·	Check if Austin, TX, officeholder living expense
		I IRA	AVELOUT - Staff Travel to Austin
┡	Complete ONLY if direct	Condidate Office holder name	Office heald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┝			
l	Date	Payee name	
L	05/09/2025	United Airlines	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$40.00	233 South Wacker Drive	
l			
L		Chicago, IL 60606	
l	PURPOSE OF	, , ,	scription
l	EXPENDITURE	Traver out or district	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l			AVELOUT - Staff Travel to Austin
		""	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		